



The Gambia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

Type I (commonly referred to as clitoridectomy) and Type II (commonly referred to as excision) are the most common forms of female genital mutilation (FGM) or female genital cutting (FGC) widely practiced in The Gambia. Type III (commonly referred to as infibulation) is practiced among only a small percentage of women and girls. Type IV (described in The Gambia as vaginal sealing) is also practiced. These practices are rooted in tradition and custom and cross ethnic, religious and cultural boundaries.

Incidence:

The estimated percentage of all women in The Gambia who have undergone one of the forms of FGM/FGC ranges from 60 to 90 percent. The Foundation for Research on Women's Health, Productivity and the Environment (BAFFROW) reports that seven of The Gambia's nine ethnic groups practice one of these forms. Nearly all Mandinkas, Jolas and Hausas (together 52 percent of the population) practice Type II on girls between 10 years and 15 years of age. The Sarahulis (nine percent of the population) practice Type I on girls one week after birth. The Bambaras (one percent of population) practice Type III, which takes place when girls are between 10 years and 15 years of age. The Fulas (18 percent of the population) engage in a practice analogous to Type III that is described as "vaginal sealing" or Type IV on girls anywhere between one week and 18 years of age.

The Wolofs, Akus, Sereres and Manjangos (together 16 percent of the population) generally do not practice any of these forms. However, if a woman marries a member of an ethnic group that engages in this practice, she may be forced to undergo the procedure prior to marriage.

Of those who have undergone any of these procedures, twenty percent are below the age of five and fifty percent are between the ages of five and eighteen, with the average being approximately age twelve. The urbanized areas of the western division have a high concentration of ethnic Wolofs who do not practice any of these procedures.

Although statistics are lacking, one Gambian doctor who practiced medicine in The Gambia for over 20 years and later became the regional director of the World Health Organization (WHO), documented that between 300 and 400 women died during childbirth every year from complications attributable to Type III or Type IV.

Attitudes and Beliefs:

It is generally the older women and excisors who are the major force behind maintaining the practice. The enticement of a big party, festive cooking and new clothes are commonly used as incentives for a girl to undergo the procedure.

In some cases, older women have been known to pursue a reluctant young woman and force her to undergo the procedure. It is difficult for a young woman to resist in the face of powerful extended family members should she decide not to. Occasionally the procedure is performed without the parents' consent. Rural women in groups that practice any form of FGM/FGC, strongly support the practice.

Type I:

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. Thorns are used to stitch the vaginal opening. The girl or woman's legs are then bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

It is estimated that about seven percent of girls undergo some form of this severe and dangerous procedure.

Type IV:

A form analogous to Type III, but described as "sealing" in The Gambia, is also practiced. Sealing involves the removal of the clitoris and the labia minora, followed by sealing the vaginal opening with clots of blood or herbal powder leaving only a small opening, about the diameter of a matchstick, for urination and menstruation. The legs are forced to stay tightly together during the period of convalescence (about 40 days) allowing the raw vaginal tissue to fuse.

A woman of the blacksmith's class who is believed to be gifted with knowledge of the occult traditionally carries out these procedures. Various instruments are used. Fingernails have been used to pluck out the clitoris of babies in some areas of the country. The procedure is often performed by a village excisor without the use of anesthesia. Instead, several women hold the girl or woman down while the cutting takes place.

Outreach:

There is a vested interest in continuing this practice in The Gambia. Many of the excisors are traditional practitioners or trained health attendants. They supplement their income with the money and other articles they receive from work as excisors. In fact, the income they earn from performing this procedure is often higher than what they earn as midwives or nurses. Their social status also improves as an excisor.

The Gambia Committee against Traditional Practices (GAMCOTRAP) is the National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) in the country. It has the lead role in sensitizing the public about the harmful effects of traditional practices such as FGM/FGC. It uses various strategies at the grassroots level using indigenous modes of communication and local languages.

GAMCOTRAP has organized training workshops and programs, including video viewing, to provide information on the harmful effects of this practice. It has directed its campaign to eradicate this practice at women, community leaders, youth and children. It has carried out programs on the harmful effects of the practice for traditional birth attendants (TBAs) in a number of villages. Workshops held during a women's week in The Gambia reached at least 5000 women. Lectures are held around the country to reach the entire populace. As a result, the once taboo subject is now openly discussed. GAMCOTRAP has also tried to reach school children through use of audio-visual materials and theater. It has used the media. It is also developing new strategies to provide excisors with alternate ways of earning a living.

A Symposium for Religious Leaders and Medical Personnel on FGM as a Form of Violence was organized by GAMCOTRAP. This resulted in the Banjul Declaration of July 22, 1998, which declared that the practice has neither Islamic nor Christian origins or justifications and condemned its continuation.

Founded in 1991, BAFFROW was established to carry out projects and research in the health and environment areas. It is aimed at community health promotion, along with changing many of the puberty rituals. It also focuses at providing alternate sources of income for excisors.

BAFFROW aims at 100 percent eradication of FGM/FGC while respecting the importance of the social and cultural traditions associated with the rites of passage to womanhood. It begins its work at the community level and, in a process that sometimes takes several years, gains the confid